|  |  |   |              |                                   |              |                  |      |               | Application or Docket Number |                        |      |                     |                        |
|--|--|---|--------------|-----------------------------------|--------------|------------------|------|---------------|------------------------------|------------------------|------|---------------------|------------------------|
|  | PATENT   | RD  | )            | P07899/Len 31                     |              |                  |      |               |                              |                        |      |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                                   |              |                  |      | SMALI<br>TYPE | LEI                          | NTITY                  | OR   | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS   |  |   | 11           |                                   |              |                  |      | RAT           | Ε                            | FEE                    | ]    | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED |                                   | NUMBER EXTRA |                  |      | BASIC         | FEE                          | 385.00                 | OR   | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | // minus 20= |                                   | * 29-        |                  |      | X\$ 9=        |                              |                        | OR   | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | 9minus 3 =   |                                   | *            | *                |      | X43=          |                              |                        | OR   | X86=                |                        |
| MU   | ILTIPLE DEPEN  | NDENT CLAIM PR                            | RESENT       |                                   |              |                  |      |               | +145=                        |                        | OR   | +290=               |                        |
| * If   | the difference   | e in column 1 is                          | less than ze | -<br>ero, enter                   | "0" in c     | in column 2      |      |               | TOTAL                        |                        | OR   | TOTAL               | 770                    |
| CLAIMS AS AMENDED - PART II  |  |   |              |                                   |              |                  |      |               |                              |                        |      | OTHER               | THAN                   |
|  |  | (Colun                                    | nn 2)        | (Column 3)                        | _            | SMAI             | LL I | ENTITY        | OR                           | SMALL                  |      |                     |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>DUSLY | PRESENT<br>EXTRA |      | RATI          | E                            | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                |              | =                |      | X\$ 9         | =                            |                        | OR   | X\$18=              |                        |
|  | Independent  | *   | Minus        | ***                               |              | =                |      | X43=          | =                            |                        | OR   | X86=                |                        |
| ۷_   | FIRST PRESE  | NTATION OF ML                             | JLTIPLE DEF  | LTIPLE DEPENDENT                  |              |                  | Ì    | 145           |                              |                        |      | +290=               |                        |
|  |  |   |              |                                   |              |                  | l    | +145<br>TO1   |                              |                        | OR   | +29U=<br>TOTAL      |                        |
|  |  |   |              |                                   |              |                  |      | ADDIT. F      |                              |                        | OR , | ADDIT. FEE          |                        |
|  |  | (Column 1)                                | 1            | (Colun                            |              | (Column 3)       | · •  |               | _                            | 1001                   |      |                     | 1001                   |
| NDMENT B   | 1  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUME<br>PREVICE<br>PAID F         | BER<br>DUSLY | PRESENT<br>EXTRA |      | RATE          |                              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                |              | =                |      | X\$ 9=        | =                            |                        | OR   | X\$18=              |                        |
| AMEND  | Independent  | *   | Minus        | ***                               |              |                  |      | X43=          |                              |                        | OR   | X86=                |                        |
| ٩  | FIRST PRESE  | NTATION OF MU                             | ILTIPLE DEF  | ENDENT                            | CLAIM        | Л                |      |               | ┪                            |                        |      |                     |                        |
|  |  |   |              |                                   |              |                  |      | +145=         |                              |                        | OR   | +290=               |                        |
|  |  |   |              |                                   |              |                  |      |               | AL<br>EE                     |                        | OR , | TOTAL<br>ADDIT. FEE |                        |
|  |  |   |              |                                   |              |                  |      |               |                              |                        |      |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>BUSLY | PRESENT<br>EXTRA |      | RATE          | : 1                          | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  |   | Minus        | **                                |              | =                | 1    | X\$ 9=        |                              |                        | OR   | X\$18=              |                        |
| MEN  | Independent  | *   | Minus        | ***                               |              | =                | H    | X43=          | ╌╂                           |                        |      | X86=                |                        |
| ٨  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                     |   |              |                                   |              |                  |      | A40=          | -                            |                        | OR   |                     |                        |
|  | t Make anter in return 4 in less than the anter in actions 0 units MAN in action 0 |   |              |                                   |              |                  |      |               |                              |                        | OR   | +290=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                   |              |                  |      |               |                              |                        |      |                     |                        |

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